URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-030400
STATE FILE NUMBER

FILED VS SEP 6 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2993

NDED

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 57 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RESEARCH HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): HYDE PARK HOTEL 336 WEST 36TH STREET
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
ROBERT	D.	AIR	AUGUST	3	1960

5. SEX	6. COLOR OR RACE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HR Hours / Min.
MALE	WHITE		NOV. 23, 1873	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
CLAIM ADJUSTER	FIRE INSURANCE	CINCINNATI, OHIO	U. S. A.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
ROBERT AIR	DORETTA HUMMEL	MRS. MARY AIR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
NO ----	486-01-1662	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3½ months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Cerebral Arteriosclerosis

DUE TO (c): Generalized Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Duodenal Ulcer – with Hemorrhage

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-23-60, to 8-3-60 and last saw her/him alive on 8-3-60

Death occurred at 11:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Carl R. Ferris M.D.

22b. ADDRESS: 535 Argyle Bldg Kansas City 6 Mo

22c. DATE SIGNED: 8-3-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
BURIAL	AUG. 5, 1960	MT. WASHINGTON CEMETERY	KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR ADDRESS: D. W. NEWCOMER'S SONS 1331 BRUSH CREEK KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.: 8-4-60

26. REGISTRAR'S SIGNATURE: H. L. Dwyer, M.D.

(Licensed Embalmer's Statement on Reverse Side)

SEP 20 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 4982

P. O. Address 1 C C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.